



RECREATION DEPARTMENT

The Heart of the Neighborhood

www.chulavistaca.gov/rec

YOUTH COED LEAGUE



BASKETBALL



GENERAL INFORMATION

The Youth Winter Coed Basketball League will be geographically based, i.e. East and West. The Salt Creek center will be the headquarters for the Eastern Division, and the Parkway center will be the headquarters for the Western Division. Players are permitted to register in either geographic (East or West) regardless of residency. For example, a player that lives in the communities of Terra Nova or Rancho Del Rey can register for the Western Division or the Eastern Division.

If we have enough teams for each division for each geographic area, games will be played on a West (Parkway & Otay) and East (Monteville, Salt Creek, & Veterans) basis during the regular season. Similarly for practices, the West Division will practice at Parkway & Otay and the East Division will practice at Monteville, Salt Creek & Veterans. Practices will begin the week of November 15 and will be held one to two times per week (Monday - Friday 4-8pm.) Schedule depends on the availability of the volunteer coaches. Requests for children to be placed on the same team for car pool reasons and requests for specific coaches and practice days cannot be honored. Financial Assistance applications available starting September 13.

NO REFUNDS. NO EXCEPTIONS.

AGE DIVISIONS

A-Div Born 1997 - 1998 COED
B-Div Born 1999 - 2000 COED
C-Div Born 2001 - 2002 COED
D-Div Born 2003 - 2004 COED

GAME DATES

First Game: December 4
Last Game: February 19
Playoffs Begin: February 26
Championship Games: March 12

PLAYER EVALUATIONS & PARENT TRAININGS

All players must attend the player evaluations, NO EXCEPTIONS! Exact days, dates, & times will be listed on your registration receipt when you register for the East or West Division. Parents or guardians of all participants are strongly encouraged to attend one parent training or they may not be permitted to attend games.

REGISTRATION INFORMATION & FEES

Mail-in, Walk-in and Online Registration Starts Mon, Sep 27 at 3 PM
Registration is open to the inexperienced and experienced player.
1st child: \$95 Resident / \$119 Non-Resident
2nd child or more: \$75 Resident / \$94 Non-Resident

www.chulavistaca.gov/goto/basketball

FOR MORE INFORMATION - PLEASE CONTACT:

EAST SECTION: (619) 585-5739 or 2710 Otoy Lakes Rd - Steve Scott
WEST SECTION: (619) 691-5083 or 373 Park Wy - Frank Carson

The Chula Vista Elementary School District neither sponsors nor endorses this information, activity, or organization. Distribution of this material is provided by the district as a community service. Any questions should be directed to Steven Wayne Scott, Recreation Supervisor, 2710 Otoy Lakes Rd, Chula Vista, CA 91915 or (619) 585-5739.

PLEASE CIRCLE : Eastern Division or Western Division		PLEASE CIRCLE : A-Div B-Div C-Div D-Div			
PARTICIPANT NAME		School		Male / Female	
Parent's Name		Home Phone:		Work Phone:	
ADDRESS		CITY		STATE ZIP	
Emergency Contact Name:		Emergency Contact Phone:			
Child's Date of Birth: / /		Child's Height:		Child's Weight: Fee Enclosed \$	
Email Address:					
Parent/Guardian: Are you interested in coaching a team? YES NO Your Name:					

I _____ (REGISTRANT), and I _____ * (parent/guardian), hereby assume all risks of REGISTRANT's involvement in this activity. I certify that REGISTRANT is physically fit, and has not been advised otherwise by a qualified medical person. I acknowledge that this AWRL form will be used by The City of Chula Vista and the activity organizers, in which REGISTRANT may participate and that it will govern REGISTRANT's actions and responsibilities at said activity. In consideration of REGISTRANT being permitted to participate in this activity, and on behalf of myself, my executors, administrators, heirs, successors and assigns, I hereby (A) WAIVE, RELEASE AND DISCHARGE FROM LIABILITY The City of Chula Vista and its directors, officers, employees, volunteers, representatives and agents, for the death, injury or property loss or damage of REGISTRANT or actions of any kind which may accrue to me as a result of REGISTRANT's participation in this activity; and (B) agree to INDEMNIFY AND HOLD HARMLESS the above-mentioned entities or persons from any and all liabilities or claims made by other individuals or entities as a result of any of REGISTRANT's actions during this activity except for those claims arising from the sole negligent or willful conduct of The City of Chula Vista or its agents. I hereby consent to the administering of medical treatment to REGISTRANT if deemed advisable in the event of injury, accident and/or illness during this activity. I understand that at this activity or related activities, REGISTRANT may be photographed. I agree to allow REGISTRANT's photo, video or film likeness to be used for any legitimate purpose by the City. This AWRL shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law. I hereby certify that I have read this document and understand its content. I further certify that I am the parent or guardian of the above-named participant and that I will hold each of the above-named individuals and entities harmless and indemnify each in the event of any loss whatsoever due to a defect in my legal capacity.

REGISTRANT's Parent or Guardian's Signature: _____



Persons with special needs are encouraged to participate in all programs. For assistance, please contact Carmel Wilson at 409-5800 two weeks in advance of the program.

Date _____

*If the participant is under 18 years of age or legally incapacitated, the parent or guardian must also sign.